TAULE 21.—Age-adjusted mortality ratios for male cigarette-only smokers, by degree of inhalation of cigarette smoke and age at start of study. Canadian veterans

Degree of	Age at start of study			
inhalation	30 (6)	-10 49	(4) (59	(3) (4)
Nonsanders	1 00	<u> } {</u> { } { } { } { } { } { } { } { } {	1.00	100
De met inhele	0.61	0.61	1.10	1.78
Inhale amoke	1.29	1.12	1.58	2.11

SOURCE: Best, E.W.R. (I)

TABLE 22.—Adjusted mortality ratios for males and females, by far and nicotine content of cigarettes usually smoked

Sex		Mortality ratios	
	"High" TVN	"Aterlium" T/N	"law" T/H
Maks	1 (90)	991	0 KS
Femilia	1,00	88 u	EA 0
['('ta) a)	1.00)	10,0	0.84

SOURCE; Hammond, E.G. (19).

TABLE 23.—Adjusted mortality ratios for males and females smoking low T/N eigarettes and subjects who never smoked regularly

Ser	Mortali	ly ratios
	"Law" TAN	Mansonakers
Mulca	1 (%)	0.61
Females	1.00	0.74
Total	1 (K)	0.66

SOURCE: Hammond, E.G. (18)

was further reduced to 0.84 for the "low" T/N smokers. The mortality ratios are lower for females than for males.

In a separate analysis, a comparison was also made between the mortality ratios of "low" T/N smokers and nonsmokers. These data are presented in Table 23. The mortality ratio of the "low" T/N group was designated as 1.00. Nonsmokers have overall mortality ratios that are about half those of "low" T/N smokers.

The combined data from these two tables are shown in Table 24. Here mortality ratios are calculated using nonsmokers as the

TABLE 24.—Overall mortality ratios of cigarette smokers compared to nonsmokers, by sex and by tar and nicotine content of cigarettes usually smoked

Sex	Non- smakers	"law" T/N	"Medium" T/N	"High" T/H
Hales	1.00	166	1 85	196
Females	1 tx1	1 37	1.45	1.65
Total	1.00	1.52	1 61	1.80

SOURCE: Hammand, E.C. (19)

reference. Combining these data from two separate analyses that are not exactly comparable results in figures that are only approximate. Hammond (19) also compared death rates of smokers of relatively few (1-19) "high" T/N cigarettes with those of smokers who smoked relatively large numbers (20-39) of "low" T/N cigarettes. The death rates of these two groups were very similar and the difference between them was not statistically significant.

Mortally and Female Cigarette Smokers

It is important that attention be called specifically to the mortality that females experience as a result of cigarette smoking. There has been an increase in smoking among teenage girls over the past 10 years. At present, the percentages of teenage boys smoking and teenage girls smoking are nearly identical. For some ages, there are more teenage girl smokers than boy smokers. Over the past 10 years, there has been a gradual reduction in the percentage of the adult population that is smoking. Men have quit in greater numbers than women. There has been only a modest drop in the percentage of women who are smoking. In Canada and several European countries, smoking is decreasing among men but increasing among women. In the United States, physicians, dentists, and pharmaciats have been the most successful professional groups in giving up smoking, but in the past several years there has been an increase in smoking among nurses.

Several suggestions have been made as to why women do not quit smoking. It may be that women do not generally perceive smoking as a threat to their health. Lung cancer, heart attacks, and emphysema are diseases that affect men more commonly than women. Women may feel that they are in a low-risk group. Women took up smoking later than men, generally smoked filter cigarettes, and smoked fewer cigarettes per day than men. Lower overall death rates for women smokers are due to lower exposure to eigarette smoke.

Cigarette smoking for some women may be symbolic of equality with men. It is known that the smoking habits of wor ___employed